

Conditional Tax Clearance Request

IMPORTANT: This is a request for a Michigan Conditional Tax Clearance by a Sole-Proprietorship or Corporation which has sold substantially all of its assets, but the corporate shell will remain to continue filing Michigan tax returns when due until the corporation later determines whether it will file a Certificate of Dissolution with the Corporation Division. A business requesting a Michigan Conditional Tax Clearance should forward all UNFILED Michigan Tax returns (up to date of discontinuance) together with all remittances for those returns, to the attention of the COLLECTION DIVISION, TAX CLEARANCE SECTION. Returns and remittances not addressed to the TAX CLEARANCE SECTION will enter the regular mail stream and do not become available for our inspection until several months after mailing. Please complete all parts of this form and send it to: TAX CLEARANCE SECTION, Michigan Department of Treasury, P.O. Box 30199, Lansing, Michigan 48909.

This form is issued under the provision of P.A. 144 of 1921, as amended (Revenue Act); P.A. 265 of 1947, as amended (Cigarette Tax Act); P.A. 281 of 1967, as amended (Michigan Income Tax Act); P.A. 119 of 1980, as amended (Motor Carrier Tax Act); P.A. 167 of 1933, as amended (Sales Tax Act); and P.A. 94 of 1937, as amended (Use Tax Act). Filing of this form is voluntary. A conditional tax clearance certificate will not be issued without it.

2. Owner(s) Name(s) (Individuals and Partnerships)		1. FE or TR Number
		Social Security Number(s)
3. Doing Business As: (Trade Name)		
4. Business Address (No. and Street, City, State, ZIP Code)		
5. If a Corporation, Date Incorporated in Michigan		6. Date Business Started at This Location
7. Date Business Discontinued at This Location		8. Ending Date of Last Payroll at This Location
9. Are You Continuing Business Activity After Clearance? <input type="checkbox"/> NO <input type="checkbox"/> YES: EXPECTED GROSS RECEIPTS FOR THE YEAR . . . \$		
10. Residence Address of Discontinued Taxpayer		Residence Area Code and Phone No.
11. Does Taxpayer Operate More Than One Place of Business? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Multiple Locations, Is Clearance Wanted Only for the Above Location? <input type="checkbox"/> YES <input type="checkbox"/> NO
12. Names and Addresses of Business Locations Still in Operation (Use reverse side if more space is needed)		
13. Are You Selling or Disposing of Business to Another Person? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE:		
14. Name and Address of Purchaser		
15. Purchaser's FE or TR No.	16. Is Money Being Held in Escrow Pending Receipt of a Tax Clearance? <input type="checkbox"/> NO <input type="checkbox"/> YES: AMOUNT . . . \$	
17. Business Name and Address of Holder of Escrow Money		
18. Attention of		Holder's Area Code and Telephone No.
19. Month(s) Included on Final Federal 941 Return		
20. Name and Location of Holder of Seller's Books and Records		Holder's Area Code and Telephone No.
21. Remarks		
22. I declare under penalty of perjury that I am the owner, or authorized representative of the business on which tax clearance is requested, and that the information is true.		Signature
		Date